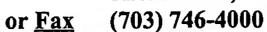
PART B - FEE(S) TRANSMITTAL

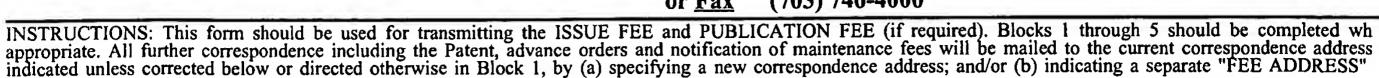
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maintenance fee notification		III Block 1, by (a)	specifying a new	correspondence address	, and or (o) indicating a sepa	arace TEE ADDRESS
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OSRAM SYLVA 100 ENDICOTT S DANVERS, MA 0 0/22/2004 MBERHE1 00	1923			I hereby certify that to States Postal Service addressed to the Ma	ertificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for finil Stop ISSUE FEE address PTO (703) 746-4000, on the or	smission Ig deposited with the Un Ist class mail in an envel Is above, or being facsim Idate indicated below.
			OCT 2 0 2004	Williami	=. Meyer	(Depositor's na
1 FC:1501 1370. 2 FC:1504 300.	00 DA 00 DA	. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		& Willia	3. Mener	(Signat
1 FC:1501 1370.00 DA 2 FC:1504 300.00 DA 3 FC:8001 45.00 DA (Sign						
APPLICATION NO.	FILING DATE	I	FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,514	10/617,514 07/11/2003 Ch		Charles M. Cous	shaine	01-1-439 D1	2971
TITLE OF INVENTION: REPLACEABLE LED BULB WITH INTERCHAGEABLE LENS OPTIC						
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1370		\$300	\$1670	01/14/2005
EXAMINER		ART UN	IT	CLASS-SUBCLASS]	
SAWHNEY, H	2875		362-517000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						m E. Meyer
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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Please check the appropriate assignee category or categories (will not be printed on the patent):						
4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.						
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Authorized Signature	Villion 7, M	Myle		Date	0/19/04	
Typed or printed name William E. Meyer Registration No. 30,719						
This collection of information application. Confidential	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C.	11. The information 122 and 37 CFR 1	n is required to ob 1.14. This collection	tain or retain a benefit by on is estimated to take 12	the public which is to file (an minutes to complete, includi	nd by the USPTO to proc

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